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January 30, 2001
Lawrence S. Barak eller 0 7 2003

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Sheet 6 of

SUPPLEMENTAL INFORMATION DISCLOSER BENEFIT

STATEMENT BY APPLICANT

Examiner Name Anne Marie FalkECH CENTER 1600/2900
Attorney Docket Number 033072-007

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Examiner Initials	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.					
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Examiner Signature	Anne-Marie Falk Date Considered 11/28/03					

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STATEMENT BY APPLICANT				
(use as many sheets as necessary)	Examiner Name	Anne Marie Falk		
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	*BOOK: LIDDLE, R.A., <u>Cholecystokinin</u> , 19	994, Raven Pres	s, New York, USA		
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